### Amendment No. 7 to SB2624

FILED
Date
Time
Clerk
Comm. Amdt

## Henry Signature of Sponsor

AMEND Senate Bill No. 2624

House Bill No. 2286\*

By amending in subsection (I) of the amendatory language of Section 2, as amended, by deleting subsection (I) in its entirety and by substituting:

- (I) Beginning January 1, 2003, the bureau of TennCare or its designee shall determine eligibility for TennCare on an annual basis as follows:
  - (1) All non-medicaid eligible TennCare enrollees will have the responsibility to re-establish their eligibility annually and in the absence of reapplication and re-determination their coverage will automatically expire at the end of twelve (12) months;
  - (2) Upon notification by the bureau of Tenncare, the enrollee must contact the bureau or its designee to schedule an appointment and provide information as required by TennCare regulations;
  - (3) Notification to the enrollee is presumed when a notice is mailed to the last known address;
  - (4) Lack of receipt of the notification does not excuse responsibility of the enrollee to schedule an appointment for redetermination of eligibility if the enrollee has changed address and failed to notify the bureau of TennCare; and
  - (5) Failure of the enrollee to contact the bureau of TennCare or its designee concerning a change in address relieves the bureau of responsibility for contacting the enrollee.

AND FURTHER AMEND by adding the following new sections immediately preceding the last section and by renumbering the subsequent section accordingly:

# Amendment No. 7 to SB2624

# FILED Date \_\_\_\_\_ Time \_\_\_\_ Clerk \_\_\_\_ Comm. Amdt. \_\_\_\_\_

# <u>Henry</u> Signature of Sponsor

AMEND Senate Bill No. 2624

House Bill No. 2286\*

SECTION Tennessee Code Annotated, Section 71-5-110(c)(1), is amended
in the second sentence by deleting the language "two (2) months" and by substituting
instead the language "thirty (30) days".
SECTION Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is
amended by adding the following as a new section to be appropriately designated:
Section In all actions for the transfer of income or resources from an
institutionalized spouse for the support of the community spouse, the court shall apply
the standards utilized to determine medicaid eligibility in this state, regardless of any
state laws relating to community property or the division of marital property.